
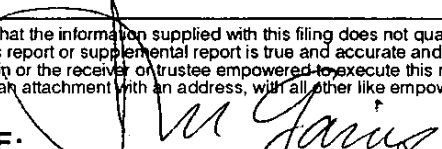


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90054 008 ****61.25

DOCUMENT # N46239 1. Entity Name SEARS TAMPA BAY RETIREE CLUB, INC.					
Principal Place of Business 6307 NESTING CT TAMPA FL 33625 US				Mailing Address 6307 NESTING CT TAMPA FL 33625 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3095855 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, JOSE M 6307 NESTING CT TAMPA FL 33625			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERR, PAUL J		NAME		
STREET ADDRESS	2722 BUCKHORN OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594-4201		CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, KATHY		NAME		
STREET ADDRESS	3425 CULLENDALE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAAVEDRA, HENRY A		NAME		
STREET ADDRESS	4716 TANNERY AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN SCHOYCK, LLOYD S		NAME	NORMAN B. SMITH	
STREET ADDRESS	2936 WINDMOOR DR S		STREET ADDRESS	2312 FERN PL.	
CITY-ST-ZIP	PALM HARBOR FL 34685-1719		CITY-ST-ZIP	TAMPA, FL 33604-5729	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, JOSE		NAME		
STREET ADDRESS	6307 NESTING CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUE CRISWELL, A M		NAME	DIXIE L. KUHN	
STREET ADDRESS	3607 FLOYD RD		STREET ADDRESS	2220 HIGH POINT DR.	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	BRANDON, FL 33511-6619	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			J. M. GARCIA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			FEBRUARY 8, 2005 Date Daytime Phone #		